

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047589

FILED
Apr 29, 2005
Secretary of State

Entity Name: ACCENT CONSTRUCTION & DESIGN SERVICES, LLC

Current Principal Place of Business:

23 ALAFAYA WOODS BLVD. #149
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

23 ALAFAYA WOODS BLVD. #149
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-0424369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND ST, STE 2900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BAMBERGER, GLEN F MGRM
Address: 1006 BECKSTROM DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: EDWARDS, BECKY T MGRM
Address: 1006 BECKSTROM DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: TIMMERMAN, MARK H
Address: 1014 FAIRCLOTH COURT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GLEN F. BAMBERGER

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date